

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

2 Total pages filed:

3

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

JACK
TERENCE

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

☒ Change of Address

2802 MORRISON
HOUSTON, TEXAS 77009

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 861-1991

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

JACK
TERENCE

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

2802 MORRISON
HOUSTON, TEXAS 77009

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 861-1991

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

10 / 30 / 05

12 / 31 / 05

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

11 / 8 / 05

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

NONE

13 OFFICE SOUGHT (if known)

MAYOR OF HOUSTON, TEXAS

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

UNKNOWN

Address / PO Box Apt / Suite # City State Zip Code

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME**

JACK J. TERENCE

16 ACCOUNT # (Ethics Commission file)**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC☐ additional pages**COMMITTEE NAME**

UNKNOWN

COMMITTEE ADDRESS**COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS****18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 8.30

**CONTRIBUTION
BALANCE**

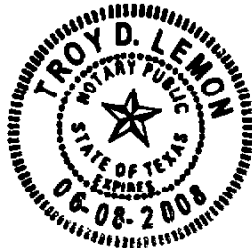
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0.00

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jack J. Terence
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JACK J. TERENCE, this the 13TH day of JANUARY 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

JACK J. TERENCE

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-5-05

5 Payee name

BARBARA JORDAN MAIN POST OFFICE

6 Payee address; City; State; Zip Code

HOUSTON, TEXAS 77201-9998

8 Amount (\$)

\$ 2.21

7 Purpose of expenditure (See instructions regarding type of information required.)

LETTER TO TEXAS ETHICS COMM.

☐ Reimbursement from political contributions intended

Date

11-10-05

Payee name

BARBARA JORDAN MAIN POST OFFICE

Payee address; City; State; Zip Code

HOUSTON, TEXAS 77201-9998

Amount (\$)

\$ 3.13

Purpose of expenditure (See instructions regarding type of information required.)

LETTER TO TEXAS ETHICS COMM.

☐ Reimbursement from political contributions intended

Date

11-30-05

Payee name

BARBARA JORDAN MAIN POST OFFICE

Payee address; City; State; Zip Code

HOUSTON, TEXAS 77201-9998

Amount (\$)

\$ 2.96

Purpose of expenditure (See instructions regarding type of information required.)

LETTER TO TEXAS ETHICS COMM.

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED